

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
2003-03

2. STATE
MS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
March 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 441.56 and 441.58

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 \$ (197,884.12)
b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 4b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Page 4b

10. SUBJECT OF AMENDMENT: **This State Plan Amendment is being filed to authorize the Division of Medicaid to no longer reimburse for the following EPSDT interperiodic: Medical Screen, Vision Screen, and Hearing Screen.**

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Rica Lewis-Payton**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: **January 28, 2003**

16. RETURN TO:

**Rica Lewis-Payton, Executive Director
Miss. Division of Medicaid
Attn: Rose Compere
239 North Lamar Street, Suite 801
Jackson, MS 39201-1399**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
January 29, 2003

18. DATE APPROVED:
April 23, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
March 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Rhonda R. Cottrell

22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

Approved with the following changes to HCFA-179, Blocks 8 and 9:

Block 8 Reads: "Attachment 4.19-B, Page 4b; Changed to read: "Attachment 4.19-B, Page 4b and Page 4b(1)"

Block 9 Reads: "Attachment 4.19-B, Page 4b; Changed to read: "Attachment 4.19-B, Page 4b and Page 4b(1)"

STATE: Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER
TYPES OF CARE**

Early and Periodic Screening, Diagnosis, and Treatment and Extended EPSDT Services.

(a) Screening -

(1) The screening fee for a physical assessment will be reimbursed using the Current Procedural Terminology (CPT) codes for preventive medicine services based on CMS methodology for determining Medicare preventive medicine service fees and applying the state law of 90% in accordance with the EPSDT periodicity schedule. EPSDT case management is included in the physical assessment. The screening fee for an EPSDT vision screen and EPSDT hearing screen will be reimbursed using the Current Procedural Terminology (CPT) codes as defined by the American Medical Association for Medicine Services and applying the state law of 90% of the Medicare fee and are done in conjunction with the physical assessment. These reimbursement rates will be paid to physician, nurse practitioner and physician assistant EPSDT Providers and EPSDT groups only.

(2) Interperiodic Screens are visits provided for other medically necessary health care, screens, diagnostic, treatment and/or other measures to correct or ameliorate defects, physical and mental illnesses and conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the Current Procedural Terminology (CPT) codes as defined by the American Medical Association for Evaluation and Management and applying the state law of 90% of the Medicare fee.

(3) Dental screens: Dental screening services are furnished by a direct referral to a Dentist. Payment for the comprehensive oral evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid based on a statewide fixed fee schedule authorized by MS State Legislation. These reimbursement rates will be paid according to the periodicity schedule and when medically necessary to dentists only.

STATE: Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER
TYPES OF CARE**

Early and Periodic Screening, Diagnosis, and Treatment and Extended EPSDT Services.

(4) Interperiodic Dental Screens: Between periodic screens, coverage is provided for other medically necessary services. Payment for problem focused evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid based on a statewide fixed fee schedule authorized by MS State Legislation. These reimbursement rates will be paid to dentists only.

(b) High-Risk assessment - Reimbursement is based on 75% of the current Medicaid allowable for an antepartum visit. These reimbursement rates will be paid to Perinatal High Risk Management (PHRM) providers only.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.